

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026165

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 874

FILED AUG 6 1962

| | | | |
|--|---|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in lb 14 days | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ottie Elmer Wicker | | 4. DATE OF DEATH Month Day Year July 26, 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-10-79 |
| 9. AGE (last birthday) 82 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY self employed | |
| 11. BIRTHPLACE (City and state or country) Unionville, Iowa | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Orrin A. Wicker | | 13b. MOTHER'S MAIDEN NAME Lucinda McClain | |
| 14. NAME OF HUSBAND OR WIFE - - - - | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Address O. H. Loomis, Savannah, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left cerebral thrombosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>not known</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>not known</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>azotemia, fractured ribs, left, multiple brush burns body, hyperemesis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>prob. probably fell with an ax on day before mission, also must have been hit by another inmate. Medical syndrome seems to predominate - however coroner notified & released.</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. 7-12-62 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Green Acres, Rte. Home</u> | 20e. CITY, TOWN, OR LOCATION SA. Joseph | |
| 20f. COUNTY Buchanan | 20g. STATE Mo. | | |
| 21. I attended the deceased from Death occurred at 12:50 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | 21. I attended the deceased from 7-26-62 to 7-26-62 and last saw him alive on 7-25-62 | |
| 22a. SIGNATURE (Degree or title) Thompson O. Potter, M.D. | | 22b. ADDRESS 731 Farman St. St. Joseph, Mo. | |
| 22c. DATE SIGNED 7-28-62 | | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) removal | 23b. DATE 7-26-62 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | |
| 23d. LOCATION (City, town, or county) Mound City, Missouri | | | |
| 24. FUNERAL DIRECTOR BRETT & HAWKINS | | 25. DATE RECD. BY LOCAL REG. July 30, 1962 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
T.F. Potter, Jr., M.D.

Permit issued 7-26-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.